

April 27, 2021

Chairman Marszalkowski and members of the House Finance Human Service Subcommittee,

The 41 members of the Rhode Island Coalition for Children and Families (attached) come together with the vision that children and youth from infancy to adulthood are safe, healthy, and able to achieve their potential within their homes and communities. We believe that a robust public/private child well-being system requires at least three things: to be **equitable** in responding to the needs of all with the appropriate level of resources and interventions; to include both a **viable private community-based sector** for flexibility and innovation along with a strong state agency; and a continuous **drive to quality** through system-wide planning and outcomes evaluation.

We are grateful to Acting Director Aucoin and his team for their close partnership this year in keeping children and all our staffs as safe as possible, in achieving widespread testing, and in accessing vaccines. We support the proposed budget which continues to strengthen the public sector. We support appropriate caseloads, investing in the updating of an archaic data system, and we support investing in the public workforce to prevent foster care entry and to oversee care when children and youth need out of home placement.

Our system is both public and private, however. The state agency is charged with policy and carrying out the legal requirements related to child safety and well-being. The private community-based sector is charged with caring for, housing, providing therapeutic services and promoting permanency for children and youth. Private community-based agencies have the expertise and flexibility to provide the specialized treatments, programs and concrete needs to help keep families stable and children at home and heal children and families during when they are in care so they can exit foster care and return to the community. Building up the state structure is critical, however, without ensuring the viability of the private sector, the system will be incomplete, programs will be at risk, and services will not be available to meet needs on demand.

We have expressed our concerns to the Administration about the financial impact of the pandemic on top of several years of rate stagnation. Rates for these critical services need to cover the costs of quality services and programs are currently running deficits. We are encouraged that Acting Director Aucoin has agreed to a joint planning process regarding foster care and appreciate the work toward future rate setting with residential organizations but remain gravely concerned that critical services will be lost without immediate relief. To meet the current need while longer term planning is in place, we respectfully request that the House Finance Human Service Subcommittee support a 15% increase for DCYF contracted agencies for FY '22.

Workforce Crisis

There has been much recent coverage of the crisis in the restaurant industry. The staff of favorite restaurants were laid off, and now they cannot be replaced. We have a similar crisis in child and family

serving workforces and programs. Rates have been stagnant for several years keeping wages low as other costs increased and wages in industries with similar requirements increased. Research backs up our concerns:

- National data finds that vacancy rates range between 10-25% due to stress, and annual turnover rates are estimated at 30-40% for those working with vulnerable children and families.¹
- A report prepared for RICCF on the Human Services Workforce (www.riccf.org) by Bryant University's Hassenfeld Institute for Public Leadership found that frontline human service workers earn a median hourly wage of \$14.09, while the workforce in general earns \$18.43 or approximately 25% less. At the same time, this workforce makes critical economic contributions to the state through taxes, participation in the local economy, and helping Rhode Islanders be well enough to work. As the wages around the state rise, this workforce is threatened by higher wages in fields which offer less complex, and less stressful roles.
- Per the Hassenfeld Institute Report, the human services workforce is more racially and ethnically diverse than the workforce in general in RI and nearly 80% of workers identify as female. To advance equity, we must advance this workforce. While much has been done to honor essential workers, such as EMTs, doctors, nurses, and many others who have worked tirelessly through the pandemic, this critical workforce has been overlooked. This has led to extensive overtime, use of temporary staff, and high turnover. A sampling of RICCF providers experienced 32% turnover during the pandemic, experienced a vacancy rate of nearly 30%, and lost over 350 staff members. Without continuity in staffing, there are diminishing outcomes for children and families. There have been no structural, system-wide financial supports for this group, yet this workforce has been on the front lines throughout this public health crisis.

The House has heard extensive testimony on the serious challenges for behavioral health providers, for development disabilities, for childcare providers, and more. Rate increases for these other groups are critical and we support them, but they will not resolve the workforce crisis that we are facing.

Foster Care

We are nine months into new foster care contracts and look forward to reviewing the new arrangements and planning with DCYF for the continued evolution of our foster care system. Families are being recruited successfully through "Be an Anchor" as has been discussed. We agree that the state needs a robust foster care system that has the capacity to care for all youth, and that Residential Treatment programs and hospital settings are interventions not intended for long-term stays. At the same time, the private agencies best able to support high needs youth and at lesser cost have gone from serving 486 children in foster care in August 2020 and today they serve 285 youth with an ever more acute set of needs. These programs are now underutilized as are many of the community and home-based behavioral health programs that support them. We need programs to be adequately resourced, but to be viable at smaller volume, rate adjustments are necessary.

Public/Private Service Mix

Our Coalition is deeply engaged with the Department in its plan for the federal Family First Prevention

Services Act among other projects. The system is changing rapidly: the last two years have seen closure of some 42 group care beds with youth placed in foster care or returned home, and the mix of public and private services has shifted with DCYF taking on a more direct support of kin families. Even while we move together toward a child well-being system and work to keep children safely with their families at home or with kin if possible, DCYF needs the right mix of services that are readily available when needed to support children, youth, and their families for as long as is necessary. Our agencies' individual and collective ability to sustain that mix is deeply threatened in the current environment.

We appreciate our relationship and ongoing work alongside DCYF. Our members are striving every day to meet the challenges we face. We ask for your commitment to the public/private partnership and urge your support for the DCYF budget and our request for a 15% rate increase.

Thank you for your consideration.

Respectfully,

A handwritten signature in black ink, appearing to read "Tanja Kubas-Meyer", with a long horizontal flourish extending to the right.

Tanja Kubas-Meyer
Executive Director

ⁱ How does turnover affect outcomes and what can be done to address retention? Casey Family Programs, December 2017, <https://www.casey.org/turnover-costs-and-retention-strategies>.